

<b>Case Number:</b>	CM14-0176814		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 years old female patient who sustained an injury on 12/23/2009. The current diagnosis includes right knee osteoarthritis. Per the doctor's note dated 10/8/14 he had complaints of right knee pain. Physical examination revealed no effusion, some patellofemoral crepitation with range of motion, tenderness to palpation in medial joint line, stable to valgus and varus stress, negative McMurray, anterior drawer and Lachman testing, intact sensation to light touch with bilateral lower extremities. The current medications list includes ibuprofen, flexeril, Norco, Terocin and Cymbalta. She had undergone total left knee replacement on 2/11/13 and manipulation under anesthesia on 4/25/13. She has had lumbar spine MRI dated 9/20/12 which revealed L5-S1 circumferential disk bulge and slight central protrusion with mild to moderate bilateral foraminal narrowing, without significant interval change since MRI in 2010, L4-5 broad central disk protrusion and mild bilateral foraminal narrowing unchanged, L3-4 central and left lateral disc bulge with moderate left foraminal narrowing unchanged, no new disc protrusion, central canal stenosis or significant foraminal stenosis identified; right knee X-ray dated 6/20/14 which revealed slight sclerosis of the medial joint line-tibia; right knee MRI dated 4/29/14 which revealed an impression of patellofemoral moderate chondromalacia, osteoarthritis of medial femoral condyle, small to moderate joint effusion, menisci and ligaments intact. She had a facet injection on 10/10/12, cortisone injection with short relief and right sacroiliac joint injection on 7/16/14 with 80% improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Synvisc one, right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 10/7/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 10/27/14) Hyaluronic acid injections

**Decision rationale:** Per the ODG Guidelines "Criteria for Hyaluronic acid or Hylan: A series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan, or one of Synvisc-One hylan) in the target knee with an interval of one week between injections. (Huskin, 2008) (Zietz, 2008) (Wobig, 1999) (Raman, 2008) Indicated for patients who: - Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement. (Wen, 2000) - Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence."Evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Furthermore, documentation of lack of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts (like physical therapy) was not provided in the medical records submitted. Any intolerance to standard pharmacologic treatments is not specified in the records provided. The medical necessity of Synvisc one, right knee is not fully established in this patient at this time and is not medically necessary.